

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1996 NOV 12 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000000850**

1. Corporation Name

**ALL MODERN AMERICAN TECHNOLOGY, INC.**

Principal Place of Business

Mailing Address

4701 SW 45TH STREET  
BLDG 15, BAY 21  
DAVIE FL 33314

4701 SW 45TH STREET  
BLDG 15, BAY 21  
DAVIE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4701 SW 45th St.  
Suite, Apt. #, etc.  
BLDG. 16, BAY 32

P.O. Box 22813  
Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33314

33335

REINSTATEMENT *and file*

4. Date Incorporated or Qualified  
To Do Business in Florida

12/28/1995

5. FEI Number

65-064-8530

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/S	ATYAT HELMY	4701 SW 45th St, 16-32	DAVIE, FL 33314

200002008762--1  
-11/19/96--01159--020  
\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GADELRAH, PHILIP

4701 SW 45TH STREET

BLDG 15, BAY 21 BLDG 16, BAY 32

DAVIE FL 33314

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

REGISTERED AGENT MUST SIGN

Date 11-4-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*ATYAT HELMY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/96 (954) 614-5963